



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E427302**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION
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CASE #	15-001267
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	05	-	20	-	2015	TIME (2400)	1450	COUNTY #	31	MILES	N	E	IN	OF	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
91ST AVE NE	BLOCK NO.	500
	MILE POST	

DISTANCE	1000	MILES	N	E	OF (REFERENCE OR CROSS STREET)	SR 204
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4257229634
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LAST NAME	KING	FIRST NAME	CHELLCE	MIDDLE INITIAL	C
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STREET NEW ADDRESS	11000 CALLOW RD
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CITY	LAKE STEVENS	ST	WA	ZIP	982588479
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	KING*CC03107	STATE	WA	SEX	F	D.O.B.	09	-	27	-	1997
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AEV4670	STATE	WA	VIN#	JHMCB765XMC819751
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1991	MAKE	HOND	MODEL	ACD4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **TRIXE KING 11000 CALLOW RD LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 71126155
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252297599
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LAST NAME	ABRAHAMSON	FIRST NAME	CRISTY	MIDDLE INITIAL	A
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STREET NEW ADDRESS	9522 24TH PL NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982588794
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	ABRAHCA399L3	STATE	WA	SEX	F	D.O.B.	06	-	23	-	1961
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	C10550A	STATE	WA	VIN#	1B7KF23W7YJ186161
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2000	MAKE	DODG	MODEL	RAMPU	STYLE	4C	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **KAREN TRUST PO BOX 846 ELLENSBURG WA 98926**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 1331641-A22-47A
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E427302**

CASE # **15-001267**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				

NARRATIVE

Unit 1 was parked in the Jack In The Box parking lot facing south. Unit 2 entered the Jack In The Box parking lot from the west and was driving straight to the east side of the parking lot.

Unit 1 started to back up to the north and struck Unit 2. There were no injuries and both Units were driven from the scene.

Unit 1 was at fault due to not yielding the right of way to Unit 2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

05-25-15 12:30 PM

DATED

PLACE SIGNED

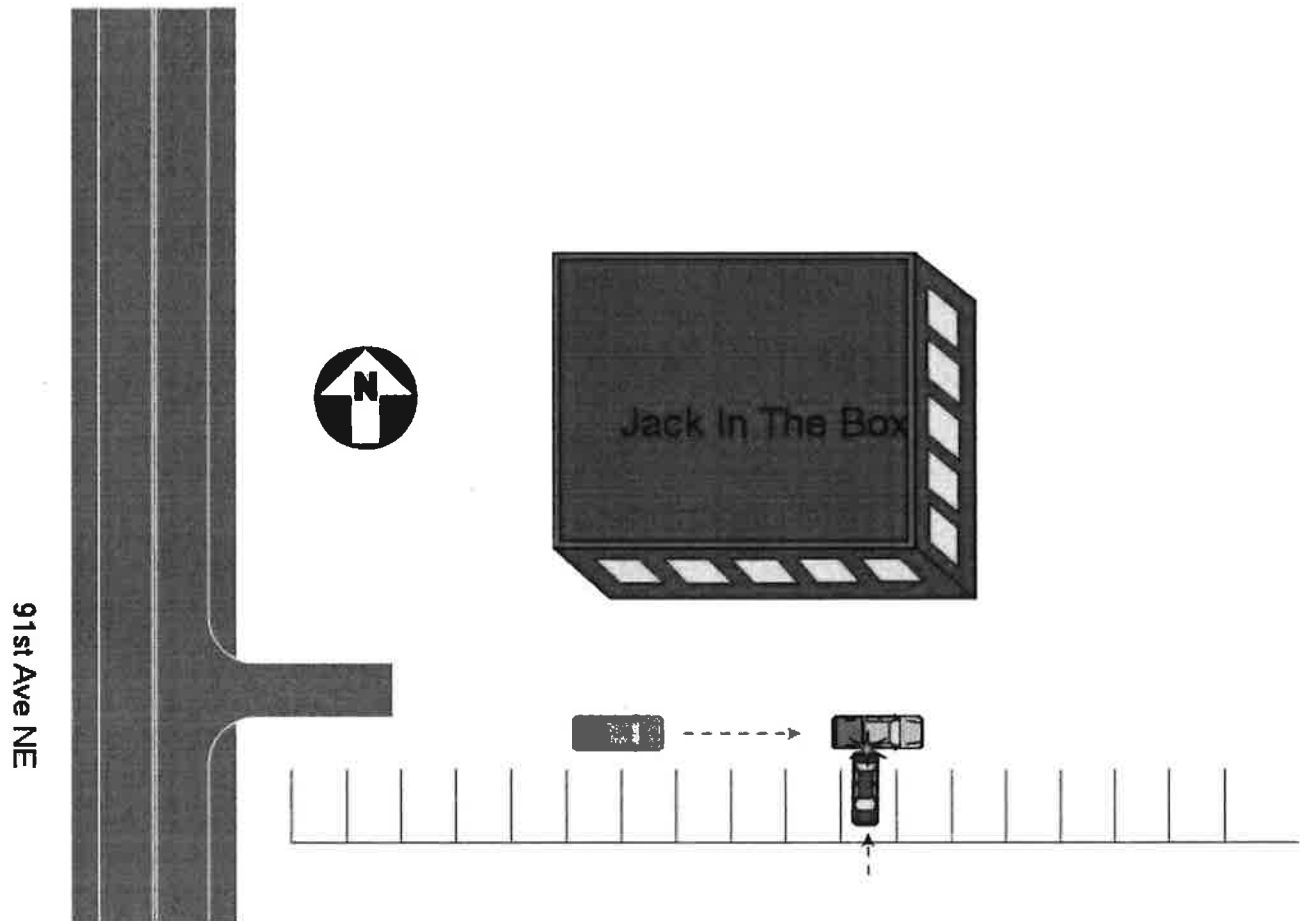
APPROVED BY

ROBERT MINER 095

DATE

5/25/2015 3:28:27 PM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	2:54 PM	TIME POLICE ARRIVED	3:04 PM
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# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

15-001267

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	Abrahamson, Cristy	W		F	6-23-1961	53	5'4"	157	B	Blue
STREET ADDRESS		CITY		STATE		ZIP		RES. STATUS		
9522 24 Ave		Lake Stevens		WA		98258				
HOME PHONE		CELL PHONE		PLACE OF EMPLOYMENT						
		425-229-7599		Walmart						
WORK PHONE		EMAIL ADDRESS								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was next to Jack & the Box going to the dollar tree and a woman ~~back~~ back out of her parking space... didn't stop and hit the side of my truck as I was driving by.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED	LOCATION SIGNED
Cristy Abrahamson	5-20-2015	AKS,
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED
KILROY 1132	5-20-15	LKI

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS15009682

Case Numbers: \$SS15001267

Received 05/20/15 14:52:06 BY SPCT05 SP0285  
Entered 05/20/15 14:54:18 BY SPCT05 SP0285  
Dispatched 05/20/15 14:54:51 BY SPDP17 SP0147  
Enroute 05/20/15 14:54:51  
Onscene 05/20/15 15:04:55  
Closed 05/20/15 15:32:17

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST  
Src: 9

Loc: 303 91 AV NE , LKS -- DOLLAR TREE , LKS btwn MARKET PL & SR 204 (V)

Latitude: (+) 48.000919 Longitude: (-) 122.107697

Loc Info:

Name: ABRAHAMSON CHRISTIE

Addr: JACK IN THE BOX

Phone: 4252297599

/1454 (SP0285) ENTRY , CC RP ADD, NON INJ, NON BLKING, SIL DODGE TK VS  
RED PC  
/1454 (SP0147) AGCADV , BCST  
/1454 DISPER 19D2 [JACK IN THE BOX ]  
#SS131 WELLS, OFCR (CHAD)  
/1500 (SP0377) ASSTER 19D3 [JACK IN THE BOX ]  
#SS132 KILROY, OFFICER (JOSH)  
/1504 (SS132 ) \*ONSCNE 19D3  
/1505 (SP0377) CLEAR 19D2  
/1509 (\*\*\*\*\*) REMINQ 19D3 AEV4670  
/1509 (SP0377) REMINQ 19D3 LIC, 19D3, AEV4670, , ,  
/1509 (\*\*\*\*\*) REMINQ 19D3 C10550A  
/1509 (SP0377) REMINQ 19D3 LIC, 19D3, C10550A, , ,  
/1512 ASNCAS 19D3 \$SS15001267  
/1532 CLEAR 19D3 D/H  
/1532 CLOSE 19D3

LSPD  
ORIGINAL